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26530 7590 06/02/2005

LADAS & PARRY LLP
224 SOUTH MICHIGAN AVENUE
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CHICAGO, IL 60604

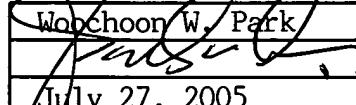
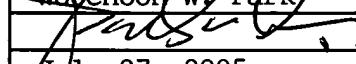
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01 FC:1501 1400.00 OP
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(Depositor's name)

(Signature)
July 27, 2005
(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/738,399	12/17/2003	Sang Tae Ahn	CU-3495 RJS	8008

TITLE OF INVENTION: METHOD FOR FABRICATING ISOLATION LAYER IN SEMICONDUCTOR DEVICE

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1400	\$300	\$1700	09/02/2005
EXAMINER	ART UNIT				CLASS-SUBCLASS
LEE, CALVIN	2818		438-436000		

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.
 "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.

2. For printing on the patent front page, list

(1) the names of up to 3 registered patent attorneys or agents OR, alternatively,
(2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

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3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

HYNIX SEMICONDUCTOR INC.

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Kyoungki-do, Republic of Korea

Please check the appropriate assignee category or categories (will not be printed on the patent): Individual Corporation or other private group entity Government

4a. The following fee(s) are enclosed:

Issue Fee \$1400
 Publication Fee (No small entity discount permitted) \$300
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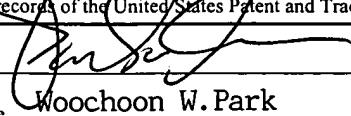
A check in the amount of the fee(s) is enclosed \$1700
 Payment by credit card. Form PTO-2038 is attached.
 The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number 12-0400 (enclose an extra copy of this form).

5. Change in Entity Status (from status indicated above)

a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.
 b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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Authorized Signature


Wochoon W. Park

Date July 27, 2005

Typed or printed name

55523

Registration No.

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